

AUTHORIZATION FOR SAFETY GLASSES

(Health & Safety Manual Section 10.07)

Complete this form and call extension 2-5190 for an appointment

Date

Name (Last, First, MI)	Emp#	Age	L-Code	Bldg	Extension	Pager
Job Title	Department/Division/Program					
Employment Status (check one)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Consultant	Supervisor Name (Type or Print)			Extension
	<input type="checkbox"/> Summer	<input type="checkbox"/> Contract				
Resource Manager (type or print)	Extension					

Job Exposure (Check all that apply)						
<input type="checkbox"/> Impact	<input type="checkbox"/> Bright Light	<input type="checkbox"/> Infrared	<input type="checkbox"/> Glassblowing			
<input type="checkbox"/> Chemical	<input type="checkbox"/> Ultraviolet	<input type="checkbox"/> Welding/Soldering	<input type="checkbox"/> Other _____			
Hours exposed per week	Do you wear contact lenses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Contact Lens Type	<input type="checkbox"/> Hard <input type="checkbox"/> Soft	Have you been previously issued LLNL glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes
						Date of most recent eye exam

Glasses **WILL NOT be ordered if the prescription has expired.**

Reason for replacement or repair		
<input type="checkbox"/> Scratched lenses	<input type="checkbox"/> Broken frame	<input type="checkbox"/> Lost
<input type="checkbox"/> New prescription	<input type="checkbox"/> Broken lenses	<input type="checkbox"/> Other _____
Does this employee work on exposed, energized electrical equipment >50V? <input type="checkbox"/> Yes <input type="checkbox"/> No		Distance to monitor: _____ Distance to reference material: _____ Distance to other: _____
Request for Prescription Eyewear require the following signatures		
Supervisor Approval (print or type)	Cost Account Approval (print or type)	Computer Glasses/Evaluator Approval (print or type)
	Cost Account #:	
Supervisor Approval (signature)	Cost Account Approval (signature)	Computer Glasses/Evaluator (signature)

OTHER GLASSES

Check type of lenses required:	<input type="checkbox"/> Welding Calobar	<input type="checkbox"/> Didymium	<input type="checkbox"/> Sun
	<input type="checkbox"/> Laser	<input type="checkbox"/> Respirator	<input type="checkbox"/> Computer

SAFETY GLASSES OFFICE USE ONLY

Date Safety Glasses Ordered	Ordered By	Eye Size
		<input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52
		<input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61
Bridge Size	Lens Color	
<input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> Clear <input type="checkbox"/> Cal <input type="checkbox"/> Pink <input type="checkbox"/> Gray	
Cat Number	Temple Sizes	
	<input type="checkbox"/> 125 <input type="checkbox"/> 130 <input type="checkbox"/> 135 <input type="checkbox"/> 140 <input type="checkbox"/> 145 <input type="checkbox"/> 150 <input type="checkbox"/> Other	
	<input type="checkbox"/> 5-1/4 <input type="checkbox"/> 5-1/2 <input type="checkbox"/> 5-3/4 <input type="checkbox"/> 6 <input type="checkbox"/> 6-1/4 <input type="checkbox"/> 6-1/2 <input type="checkbox"/> 6-3/4 <input type="checkbox"/> 7	
Special		